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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Int*

This appln claims benefit of 60/278,820 03/26/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Int*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 31	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Implantable therapeutic substance infusion device configuration system

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